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Music therapy in psychiatry today - Do we need to specialize in the reduction of diagnosis-specific symptoms or on the overall development of resources? Or do we need both?

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Publication date:
2012

Document Version
Early version, also known as pre-print

[Link to publication from Aalborg University](#)

Citation for published version (APA):
Pedersen, I. N. (2012). *Music therapy in psychiatry today - Do we need to specialize in the reduction of diagnosis-specific symptoms or on the overall development of resources? Or do we need both?*. Abstract from Nordic Music Therapy Congress , Jyväskylä, Finland.

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Inge Nygaard PEDERSEN (Denmark)

Professor wst at Aalborg University since 2006. PhD. Held the first position at the five year MA-Programme of Music Therapy, Aalborg University 1981. Head of the Programme 1982-1995. Since 1995 Head of the Music Therapy Clinic – A Centre for Treatment and Research. An integrative institution among Aalborg University and Aalborg Psychiatric Hospital.

MA Music Science, University of Copenhagen, 1981. Examined relaxation and movement pedagogy, 1976. Diplom Music Therapist, Herdecke Germany, (Analytical Music Therapy & Nordoff Robbins Music Therapy), 1981. GIM Therapist, 2004. Specialist Supervisor in Music Therapy, 2010.

30 years of clinical practice (psychiatry, counselling work, supervision).

Co-author of 3 books. Edited more than 50 articles and book chapters.

Coordinator of the national network for music therapists working in psychiatry in Denmark.

Member of The Consortium of Nine Universities.

Member of Edition Board of Music Therapy Perspectives.

Music therapy in psychiatry today – Do we need to specialize in the reduction of diagnosis-specific symptoms or on the overall development of resources? Or do we need both?

A growing specialization has been developed in psychiatric institutions, indicating that staff members specialize in one diagnosis. Music therapists are on the one hand asked to formulate diagnosis-specific treatment models, and on the other hand music therapy is recognized as a treatment which can both provide quality of life and different resources for psychiatric patients. It can also be effective during the first stage of development for an isolated position no matter which diagnosis they have.

I think we need to be aware of these different expectations and identifications of our profession, and find a way to present and sell our profession which is inclusive. I believe we need to be both clinically specialized and psychodynamic and existential in our contribution to psychiatric treatment. We need to mirror this in research and clinical practice. For example evidence based research shows that music therapy has a significant impact on reducing negative symptoms of patients with schizophrenia. The methods and techniques applied and described in the form of qualitative research studies concerning music therapy with patients suffering from schizophrenia emphasize that the reasons for treatment outcome are related to overall and relational music therapist competencies. These competencies are described as 1) being conscious of the position of closeness and distance in the relationship, 2) being sensitive to the art of timing and listening attitude and 3) the music therapist being present in therapist/patient relationship, playing out different mental ages simultaneously. I will show clinical examples and research perspectives on the question in my title.

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Friday

Keynote

M103

8:30